

HARDIK

	BEFORE	AFTER DIP DIET
Hospital Name	Next hospital sec-14 Sonipat, second opinion from SPES Hospital, Rohtak	VOPD
Medical Condition	Insulin dependent Diabetes Type 1	Healthy and taking 1 unit Insulin since Nov 2021.
Medications Taken	Insulin Apidra 4 units three times in a day and Insulin Lantus one time 4 units in 24 hours.	1. DIP diet - 100% 2. 1 unit Lantus.
Physical Discomforts / Symptoms	frequent urination, weight loss	Nil
Investigation	HbA1c: 11.1 & 10.2 (after 1.5 month due to dip diet)	Not available

TYPE-1

16 RES 570
Insulin - 0 814

- 06:00-07:00 Am → 4-5 वादम / गम तकली
- 08:00-08:30 Am → नाश्ता → (4 unit +)
200-250ml / दही या छास / पनीर 15-20g (कच्चा) / मलाई उतार के
- 11:00 Am → FRUIT → फीता (कच्चा) / सेब / सन्तरा / शेंद्री / कीजू / आम्रान चने
- 01:00 Pm → LUNCH → 4 unit सलाद / दही / दाल धारि - सबजी / 2 चपत्ती
- 04:00 Pm → FRUIT → फीता (कच्चा) / सेब / सन्तरा / मोसमी / कीजू / आम्रान
- 07:00-07:30 Pm → DINNER → 4 unit सलाद / दही / दाल धारि - सबजी / 2 चपत्ती
- 08:00-09:30 Pm → LANTUS (ALL-STAR) DINNER के 2 घण्टे बाद 4 UNIT रात को सोने के समय 200-250gm दूध मलाई उतार के।

“ जो बि लड्डा ना लेने वाली चीजे ”

बिरुट फ्रें रस चावल / आंव जूमे नमकीन ।
 Sugar Free Tablets Use नहीं करनी हैं ।

- दोनो पैनों की सुई दो बार में उबार USE करनी हैं ।
- दोनो पैनों की सुई Insulin लगाने के बाद उतार के रखनी हैं ।
- दोनो पैनों को फ्रिज में रखना हैं । Insulin के साथ ।
- HUM Insulin की Syringe उबार USE करनी हैं ।
- HUM Insulin - N OR MIXTARD को लगाने से पहले 15-20 बार Roll करना हैं ।
- HUM Insulin - R - N OR MIXTARD लगाने के बाद फ्रिज में रखना हैं ।



Patient Ref. No. 7000000841853



Cert. No. MC-2722



CLIENT CODE : C000094936

CLIENT'S NAME AND ADDRESS :

SAGAR DIAGNOSTIC CENTRE
SHOP NO. 84, TEHSILROAD, BEHIND CIVIL HOSPITAL,PANIPAT 132103
HARYANA INDIA
9896205780SRL Ltd
C/O HEALTH AFFAIRS,416,ASHOKA COLONY OPP.KALPANA CHAWLA
MEDICAL COLLEGE
KARNAL, 132001
HARYANA, INDIA
Tel : 0184-2201001,4030001,4030010, Fax :
CIN - U74899PB1995PLC045956
Email : srlkarnal@gmail.com

PATIENT NAME : HARDIK

PATIENT ID : HARDM964244190

ACCESSION NO : 0070UJ004416 AGE : 2 Years SEX : Male

DRAWN : 15/10/2021 09:33

RECEIVED : 15/10/2021 13:09

REPORTED : 15/10/2021 15:54

REFERRING DOCTOR : DR.HAWA SINGH

CLIENT PATIENT ID :

Test Report Status	Final	Results	Biological Reference Interval	Units
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BIO CHEMISTRY

DIABETA SCREEN

GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD

GLYCOSYLATED HEMOGLOBIN (HBA1C)	10.2	High	Non-diabetic: < 5.7 Pre-diabetics: 5.7 - 6.4 Diabetics: > or = 6.5 ADA Target: 7.0 Action suggested: > 8.0	%
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METHOD : HPLC

MEAN PLASMA GLUCOSE	246.0	High	< 116.0	mg/dL
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METHOD : HPLC

GLUCOSE, FASTING, PLASMA

GLUCOSE, FASTING, PLASMA	270	High	52 - 100	mg/dL
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METHOD : HEXOKINASE

Interpretation(s)

GLYCOSYLATED HEMOGLOBIN, EDTA WHOLE BLOOD-

Glycosylated hemoglobin (GHb) has been firmly established as an index of long-term blood glucose concentrations and as a measure of the risk for the development of complications in patients with diabetes mellitus. Formation of GHb is essentially irreversible, and the concentration in the blood depends on both the life span of the red blood cell (average 120 days) and the blood glucose concentration. Because the rate of formation of GHb is directly proportional to the concentration of glucose in the blood, the GHb concentration represents the integrated values for glucose over the preceding 6-8 weeks.

Any condition that alters the life span of the red blood cells has the potential to alter the GHb level. Samples from patients with hemolytic anemias will exhibit decreased glycated hemoglobin values due to the shortened life span of the red cells. This effect will depend upon the severity of the anemia. Samples from patients with polycythemia or post-splenectomy may exhibit increased glycated hemoglobin values due to a somewhat longer life span of the red cells.

Glycosylated hemoglobins results from patients with HbSS, HbCC, and HbSC and HbD must be interpreted with caution, given the pathological processes, including anemia, increased red cell turnover, transfusion requirements, that adversely impact HbA1c as a marker of long-term glycemic control. In these conditions, alternative forms of testing such as glycated serum protein (fructosamine) should be considered.

"Targets should be individualized More or less stringent glycemic goals may be appropriate for individual patients. Goals should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycemia unawareness, and individual patient considerations."

References

1. Tietz Textbook of Clinical Chemistry and Molecular Diagnostics, edited by Carl A Burtis, Edward R.Ashwood, David E Bruns, 4th Edition, Elsevier publication, 2006, 879-884.
 2. Forsham PH. Diabetes Mellitus:A rational plan for management. Postgrad Med 1982, 71,139-154.
 3. Mayer TK, Freedman ZR: Protein glycosylation in Diabetes Mellitus: A review of laboratory measurements and their clinical utility. Clin Chim Acta 1983, 127, 147-184.
- GLUCOSE, FASTING, PLASMA-
ADA 2021 guidelines for adults, after 8 hrs fasting is as follows:
Pre-diabetics: 100 - 125 mg/dL
Diabetic: > or = 126 mg/dL

End Of Report

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